



Street Naming and Numbering Application Form

Public Health Act 1925, sections 17 to 19

Complete this form for a single, new address, e.g. for a single new build property or a barn conversion or similar.

SNN2: Single plot / conversion

Applicant details

Title:	First name:	Surname:
Company name: (if applicable)		Client name: (if applicable)
House number / name:		Road name:
Locality (eg Magor):		
Town:		Postcode:
Email:		Telephone:
Planning application reference (see guidance):		

Location details for new builds and conversions

Please provide a location plan; we will not be able to process your application without one.

Are you applying for a **CONVERSION** (eg barn etc) or a **NEW BUILD**? (tick as appropriate)

a) Does the property share an access or driveway with another property? Yes No

b) If **YES** to question (a), is the address as above (in *Applicant details*)? Yes No

If **YES** to question (a) but **NO** to question (b), please supply the address:

House name / number:	Road name:
Locality (eg Magor):	
Town:	Postcode:
If NO to question (a), please provide the following information:	
Road name (if any) from which property is accessed:	
If access to the property is from an unnamed road, please ensure that the access is clearly marked on your accompanying plan.	
Locality or village:	Town:
Postcode of nearest property (if known):	
Grid reference:	
Any other information you think may assist us with locating your new / converted property:	



Property status

a) Your new address will be added to Royal Mail's NYB file unless you can provide evidence that the property is ready to be occupied (see guidance)

I have attached evidence that the property is completed; please add the address to PAF.

b) Is the property:

Commercial? **OR** Residential?

If the property is commercial, you may wish to satisfy yourself that it meets, or will meet the Royal Mail business address criteria (see guidance).

Proposed property names (minimum of 3, in order of preference)

Please ensure you have read the attached guidance; if an unsuitable name is chosen, the process is likely to be delayed.

1st choice:

2nd choice:

3rd choice:

4th choice (optional):

Declaration of ownership

I confirm that I am the legal owner of the property OR

I confirm that I am acting on behalf of, and with the consent of the owner of the property.

Print full name(s):

Signature(s):

Date:

Applicant's Declaration and payment

Date of payment:

Method of payment: Card Receipt no: WP

BACS: Ref no: HD

Cheque

Please note that we will not begin work on your application until your fee has been paid in full

I hereby apply for Street Naming and Numbering services as detailed in this application and declare that the information given on this form is correct and true to the best of my knowledge.

I have read the guidance notes accompanying this application form;

I enclose a detailed plan showing the location of access to the property;

I have paid the fee by card and have written my receipt number in the relevant box (above); **OR**

I confirm that I have paid the fee by BACS and have written my reference no in the relevant box (above); **OR**

I enclose a cheque made payable to Monmouthshire County Council.

Print full name(s):

Signature(s):

Date: